| IP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E                                                                                                                                 | PAKTB                                                                                                                                                                                                                                                                                                                             | - FEE(S) TRAI                 | NSMITTAL E                                                                                                                                                                                                                                                                                                      | XPRESS MAIL                | NO.     | EV449560678US                                                                             |
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| Complete and send th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | is fering together with                                                                                                           | applicable fo                                                                                                                                                                                                                                                                                                                     | ee(s), to: <u>Mail</u><br>-05 | Mail Stop ISSUI<br>Commissioner f<br>P.O. Box 1450<br>Alexandria, Vir                                                                                                                                                                                                                                           | or Patents                 | n       |                                                                                           |
| O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and the second                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   | or <u>Fax</u>                 | (703) 746-4000                                                                                                                                                                                                                                                                                                  | giiii <i>a 22</i> 313-1430 | U       |                                                                                           |
| INSTRUCTIONS: This form mould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| CURRENT CORRESPONDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E ADDRESS (Note: Use Block 1 for a                                                                                                | ny change of address)                                                                                                                                                                                                                                                                                                             |                               | papers. Each addition                                                                                                                                                                                                                                                                                           | al paper, such as an       | assignm | for domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must |
| 00500 7590 10/21/2004 have its own certificate of mailing or transmission.  SEED INTELLECTUAL PROPERTY LAW GROUP PLLC Certificate of Mailing or Transmission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| 701 FIFTH AVE SUITE 6300 SEATTLE, WA 98104-7092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                            |         |                                                                                           |
| 01/26/2005 GWORDOF2 00000111 09892198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               | (Depositor's name)                                                                                                                                                                                                                                                                                              |                            |         |                                                                                           |
| 01 FC:2501 700.00 OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               | **SENT VIA EXPRESS MAIL** (Signature)                                                                                                                                                                                                                                                                           |                            |         |                                                                                           |
| 2 FC:1504 300.00 GP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   | _                             |                                                                                                                                                                                                                                                                                                                 | _                          |         | (Date)                                                                                    |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                       | FIRST NAMED INVE                                                                                                                                                                                                                                                                                                                  |                               | ITOR                                                                                                                                                                                                                                                                                                            | ATTORNEY DOCK              | ET NO.  | CONFIRMATION NO.                                                                          |
| 09/892,198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               | 294438001US1 9950                                                                                                                                                                                                                                                                                               |                            |         |                                                                                           |
| TITLE OF INVENTION: MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ETHOD AND SYSTEM FO                                                                                                               | R CONTROLLIN                                                                                                                                                                                                                                                                                                                      | IG PRESENTATION               | OF INFORMATION                                                                                                                                                                                                                                                                                                  | TO A USER BASED            | ON TH   | IE USER'S CONDITION                                                                       |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                      | ISSUE F                                                                                                                                                                                                                                                                                                                           | EE PU                         | JBLICATION FEE                                                                                                                                                                                                                                                                                                  | TOTAL FEE(S) I             | DUE     | DATE DUE                                                                                  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES                                                                                                                               | \$ <del>685</del>                                                                                                                                                                                                                                                                                                                 | 700                           | \$300                                                                                                                                                                                                                                                                                                           | \$ <del>985-</del> 1000    |         | 01/21/2005                                                                                |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                   | ART UNIT                                                                                                                                                                                                                                                                                                                          |                               | LASS-SUBCLASS                                                                                                                                                                                                                                                                                                   | ]                          |         |                                                                                           |
| HAILU, TADESSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               | 715-744000                                                                                                                                                                                                                                                                                                      |                            |         |                                                                                           |
| ☐ "Fee Address" indicati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | address or indication of "Fedence address (or Change of C2) attached. on (or "Fee Address" Indicated to the recent) attached. Use | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| Tangis Corporation Seattle, WA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔞 Corporation or other private group entity 🖵 Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| <ul> <li>✓ Issue Fee</li> <li>✓ A check in the amount of the fee(s) is enclosed.</li> <li>✓ Publication Fee (No small entity discount permitted)</li> <li>✓ Payment by credit card. Form PTO-2038 is attached.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| Advance Order - # of Copies 3 @ \$3/ea.  Language The Director is hereby, authorized by charge the required fee(s), Deposit Account Number 19-1090 (enclose an extra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         | credit any overpayment, to                                                                |
| 5. Change in Entity Status (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | from status indicated above) MALL ENTITY status. See 3                                                                            |                                                                                                                                                                                                                                                                                                                                   |                               | o longer claiming SMA                                                                                                                                                                                                                                                                                           |                            |         |                                                                                           |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| Authorized Signature Date January 20, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| Typed or printed name James A. D. White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   | 43,985 Registration No.       |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |
| The state of the second st |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                 |                            |         |                                                                                           |